

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	24		1/21/00
O.I.P.E. CLASSIFIER	DR	32	2/9
FORMALITY REVIEW	JB	59383	1/23/00
RESPONSE FORMALITY REVIEW		59383	1/31/00

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	03
Original	
1	1/26/00
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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